

**CDM-MOC-FORM Form: ANNEX 2**

<b>Date of submission</b>	04/03/2011								
<b>SECTION 1: PROJECT DETAILS</b>									
<b>1. Title of the CDM project activity</b>	ISA Power 8 MW (Gross) Renewable Sources Biomass Power Project								
<b>2. Please state reference Number if available</b>	0725								
<b>SECTION 2: ADDITION/CHANGE OF NAME OF PROJECT PARTICIPANT</b>									
<p><input checked="" type="checkbox"/> Add project participant  <input type="checkbox"/> Change name of project participant</p> <p>The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the <u>Statement of Agreement</u> of the current modalities of communication.</p>									
<p><b>Name of the entity:</b>  PTC India Financial services Limited</p>									
<p><b>Party (country that authorised participation):</b>  Switzerland</p>									
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>								
Last name: Kashyap	Telephone:								
First name: anupam	Fax:								
Email:	Address:								
Specimen signature:									
<p><b>Contact details (alternate authorized signatory):</b></p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Last name: Bisht</td> <td style="width: 50%; padding: 5px; text-align: center;">Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">First name: Vijay Singh</td> <td style="padding: 5px;">Telephone:</td> </tr> <tr> <td style="padding: 5px;">Email:</td> <td style="padding: 5px;">Fax:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Address:</td> </tr> </table>		Last name: Bisht	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	First name: Vijay Singh	Telephone:	Email:	Fax:	Address:	
Last name: Bisht	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>								
First name: Vijay Singh	Telephone:								
Email:	Fax:								
Address:									
Specimen signature:									
<p>Signature(s) of designated focal point for scope (b):</p> <div style="display: flex; justify-content: space-between;"> <span>Name: .....</span> <span>Date: .....</span> </div>									
<p>Name: ..... Signature: .....</p>									
<p>Only one primary or alternate signatory per focal point entity is required.</p>									